

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62	/					
13							63	/					
14							64	/					
15							65	/					
16							66	/					
17							67	/					
18							68	/					
19							69	/					
20							70	/					
21							71	/					
22							72	/					
23							73	/					
24							74	/					
25							75	/					
26							76	/					
27							77	/					
28							78	/					
29							79	/					
30							80	/					
31							81	/					
32							82	/					
33							83	/					
34							84	/					
35							85	/					
36							86	/					
37							87	/					
38							88	/					
39							89	/					
40							90	/					
41							91	/					
42							92	/					
43							93	/					
44							94	/					
45							95	/					
46							96	/					
47							97	/					
48							98	/					
49							99	/					
50							100	/					
TOTAL IND.							TOTAL IND.	2					
TOTAL DEP.							TOTAL DEP.	39					
TOTAL CLAIMS							TOTAL CLAIMS	41					